



# Local Assistance and Tribal Consistency Fund

Instruction

Payment

Certificati

Eligible entities, which include eligible revenue sharing counties and eligible Tribal governments, under the Local Assistance and Tribal Consistency Fund, authorized by section 605 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 (Mar. 11, 2021), may receive direct payment from Treasury by providing the following payment information.

An eligible Tribal government is the recognized governing body of any Indian or Alaska Native tribe, band, nation, pueblo, village, community, component band, or component reservation, individually identified (including parenthetically) in the list published most recently as of March 11, 2021 pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 5131).

## Information Import Option

For your convenience, you may now opt to complete the 'LATCF Form' (below) by importing the information from your existing State and Local Fiscal Recovery Funds (SLFRF) application.

## Progress



Complete

**Recipient**

Recipient Name

UEI Number (12 Digits)

Taxpayer ID Number (9 Digits)

Street Address

City

State/Territory

Postal Code +4 (xxxxxx-xxxx)

Type of recipient (choose one):

### Authorized Representative for the Recipient

First Name

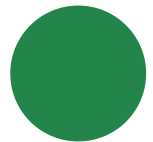
Last Name

Title

Phone

Email

Progress



Complete

jrogers@hernandocounty.us

### Contact Person

First Name

Helen

Last Name

Gornes

Title

Grants Compliance Analyst

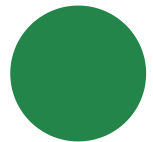
Phone

352-754-6662

Email

hgornes@hernandocounty.us

Progress



Complete

### Financial Institution Information

Routing Transit Number (ACH) ⓘ

[Redacted]

Confirm Routing Transit Number (ACH)

[Redacted]

Routing Transit Number (WIRE) (Optional) ⓘ

[Empty]

Confirm Routing Transit Number (WIRE)

[Empty]

Recipient's Account Number

[Redacted]

Confirm Recipient's Account Number

[Redacted]

Financial Institution Name

[Redacted]

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**Financial Institution Telephone Number**

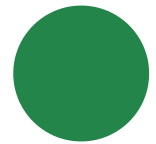
813-224-2552

**Financial Institution Address**

401 East Jackson Street, 10th Floor, Tampa FL 33602

**PAPERWORK REDUCTION ACT NOTICE** The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is one hour per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

**Progress**



Complete

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